

MARCY (W. H.)

CÆSAREAN SECTION.

BY

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IN May, 1897, I was called to see Mrs. G., aged thirty years; height, four feet three inches; a dwarf who was eight months pregnant. Upon examination I found the pelvis very small and took the following measurements: Spinae ilii, twenty-five centimetres; crestae ilii, twenty-four centimetres; external conjugate, fifteen centimetres; internal conjugate (diagonal), eight centimetres; true conjugate (estimated), five centimetres and three quarters.

The child was in breech presentation L. A. S. The abdominal walls being thin, the approximate measurements of the child's head were easily taken with the pelvimeter, which subsequently proved to be true by comparison with the accurate measurements obtained after birth, which were as follows: Biparietal, eleven centimetres; fronto-occipital, twelve centimetres and a half; fronto-occipital circumference, thirty-eight centimetres.

After ascertaining these measurements I saw normal labor was impossible. Two weeks before her expected time I transferred her to the hospital, deciding to do Cæsarean section.

I allowed labor to progress sufficiently to dilate the os uteri to the size of a silver dollar. The bags of water

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were unruptured. The patient was anæsthetized in bed and taken to the operating room.

Operation.—An abdominal incision was made from just above the umbilicus to the pubes. The uterus was



thrown outside the abdominal wall. The skin along the line of incision was clamped close to the uterus to protect the abdominal viscera from amniotic fluid and blood clots. At the lower segment of the uterus was placed a rubber tube, mainly as a safeguard should hæmorrhage be excessive, and around this was a strip of gauze to re-assure protection to the viscera. Constriction was exerted through the rubber tubing only as hæmorrhage showed itself.

Concerning the Technique.—It is of great importance to diagnosticate the site of the placenta and avoid its injury, but not to avoid incising the uterus over the placental site, as suggested by many authors. I wish to emphasize this point. I diagnosticate the site of the

placenta and try to make my incision over its centre, cutting only a buttonhole in the uterus, inserting my finger as a guide, and making a five-inch uterine incision. The back of the hand at the same time compresses the placental site. Immediately on removing the hand the intra-uterine pressure forces the placenta through the incision, and all one has to do is to use gentle pressure so that the placenta and uterine contents do not come



out with a rush. The placenta pops out, with the aid of intra-uterine pressure and at the same time aided by uterine contraction, like a cauliflower. I was able in this case to lift the placenta with membrane intact from

the uterus. The hæmorrhage did not exceed two ounces. The patient was immediately given a hypodermic injection of ergotine. The child was not asphyxiated and began to cry immediately. The uterus contracted normally.

Silk was used for the intramural stitches, which did not penetrate the peritonæum or mucosa. A second line of sutures (Lembert's) united the peritoneal coat outside of the intramural sutures. The omentum was drawn down over the peritoneal sutures in the uterus. The peritonæum proper was united with continuous suture of catgut. The abdominal fascia and integument were sutured separately with catgut.

The mother made an uninterrupted recovery. The lochia were normal, and she did not suffer more than from an ordinary labor.

The baby tipped the scales at eight pounds and a half. To-day (March, 1898) both mother and baby are in perfect health.

Appended are photographs of the mother before operation, and after operation with her babe in her arms.

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THE DISEASES OF INFANCY AND CHILDHOOD.

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By L. EMMETT HOLT, A. M., M. D.,

Professor of Diseases of Children in the New York Polyclinic; Attending Physician to the Babies' Hospital and to the Nursery and Child's Hospital, New York; Consulting Physician to the New York Infant Asylum, and to the Hospital for Ruptured and Crippled.

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